OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
FACILITIES DEVELOPMENT DIVISION www.oshpd.state.ca.us/fdd
1600 9th Street, Room 420 ~ Sacramento, California 95814 Phone (916) 654-3362 FAX (916) 654-2973
1831 9th Street ~ Sacramento, California 95814 Phone (916) 324-9090 FAX (916) 324-9145 (North and Central Region)
700 N. Alameda Street, Suite 2-500, Los Angeles, California 90012 Phone (213) 897-0166 FAX (213) 897-0168

APPLICATION FOR APROVAL OF ANCHORAGES FOR FIXED HOSPITAL EQUIPMENT

For Office Use Only

APPLICATION NO.

OPA -

Check whether application is: NEW ☐ RENEW ☐

I, _____ _____
(Name of Applicant) *(Company)*

_____
(Mailing Address *(City)* *(State)* *(Zip)*

_____ _____ hereby apply for the review of
(Telephone) *(E-mail Address)*
the anchorage for the following fixed hospital equipment as described below:

_____

_____

ENGINEERING RECOMMENDATIONS WILL BE MADE BY:

_____
(Engineer)

_____
(Address) *(City)* *(State)* *(Zip)*

_____ _____
(Telephone) *(E-mail Address)*

I hereby agree to reimburse the Office of Statewide Health Planning and Development for the actual costs incurred by the department for review.

_____
(Signature of Applicant) *(Date)*

_____
(Title)

Date Submitted: _____ Enclosed ☐ Under Separate Cover ☐

(Use additional sheets if required)

Reset